

**Listing of Claims**

1-2. Canceled

3. (Withdrawn) The method of claim 1, wherein the diabetes is Type II diabetes.

4. (Previously presented) The method of claim 15, wherein the immunotoxin transiently reduces the subject's T cells in the blood and lymph nodes by at least one log unit.

5-7. Canceled

8. (Previously presented) The method of claim 15, wherein the anti-T cell immunotoxin is UCHT1-CRM9.

9. Canceled

10. (Previously presented) The method of claim 15, wherein the deoxyspergualin is administered beginning 0 to 24 hours prior to administration of the pancreatic islet cells to the recipient and continuing up to several weeks thereafter.

11. Canceled

12. (Previously presented) The method of claim 15, wherein the immunotoxin is administered beginning at up to several hours before administration of the pancreatic islet cells and continuing up to several days thereafter.

13. (Currently amended) A method of inhibiting a rejection response of a recipient of a cadaveric donor pancreatic islet transplant by inducing immune tolerance in the recipient, comprising administering a divalent ~~anti-CD3 diphtheria toxin~~ anti-T cell diphtheria toxin binding site mutant immunotoxin directed at the CD3 epitope binding mutant immunotoxin and deoxyspergualin during the peritransplant period, thereby transiently reducing the number of T-cell lymphocytes and promoting long-term survival of the transplant.

14. Canceled

15. (Currently amended) A method of transplanting cadaveric donor pancreatic islet cells to a subject in need thereof, comprising

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- (a) administering to the subject a divalent anti-T cell diphtheria toxin binding site mutant immunotoxin directed at the CD3 epitope ~~anti-CD3-diphtheria toxin binding site mutant immunotoxin~~, thereby reducing the subject's T-cell population;
- (b) administering deoxyspergualin to the subject; and
- (c) administering to the subject pancreatic islet cells from a cadaveric donor.